



## Credit Card Authorization Form

I do hereby authorize Black Widows Baseball Club, LLC to charge the following credit card for the specified fees.

- Registration Fee of \$ \_\_\_\_\_.
- Monthly Dues of \$ \_\_\_\_\_ to be charged on the 1<sup>st</sup> day of each month beginning \_\_\_\_\_ and continuing through \_\_\_\_\_ for the Summer/Fall travel baseball season.

The fees specified above are to be paid for:

Player's Name: \_\_\_\_\_

Player's Team/Coach \_\_\_\_\_

Cardholder's Name:	
Billing Address:	
Card to be charged	MasterCard      Visa
Credit Card Number	
Expiration date	
Security Code	
Cardholder's Signature:	
Today's Date:	

